



Practitioner's Docket No. P894 US

PATENT

Preliminary Classification:
 Proposed Class:
 Subclass:

j1046 U.S. PTO
 09/905267



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Victor Chornenky

For (title): X-RAY EMITTING SYSTEM AND METHOD

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) AND 1.10*
*(When using Express Mail, the Express Mail label number is mandatory;
 Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. **37 C.F.R. Section 1.8(a)**

37 C.F.R. Section 1.10*

with sufficient postage as first class mail. as "Express Mail Post Office to Address"
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TRANSMISSION

transmitted by facsimile to the Patent and Trademark Office (703) _____.

Date: 7/13/01

Christine L. Aceves
 Signature

Christine L. Aceves
 (type or print name of person certifying)

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1. Type of Application

This transmittal is for an original (nonprovisional) application.

2. Papers Enclosed

A. Required for filing date under 37 C.F.R. 1.53(b) (Regular) or 37 C.F.R. 1.153 (Design) Application

10 Page(s) of Specification

4 Page(s) of Claims

2 Sheet(s) of Drawing(s)--Formal

B. Other Papers Enclosed

2 Page(s) of declaration and power of attorney

1 Page(s) of abstract

2 Page(s) of Assignment

3. Declaration or Oath

Enclosed

Executed by:

* inventor.

4. Inventorship Statement

The inventorship for all the claims in this application is the same.

5. Language

English

6. Assignment

An assignment of the invention to Medtronic AVE, Inc. is attached. A separate "COVER SHEET FOR ASSIGNMENT (DOCUMENT) ACCOMPANYING NEW PATENT APPLICATION" is also attached.

7. **Fee Calculation (37 C.F.R. Section 1.16)**

Regular Application

<hr/> CLAIMS AS FILED <hr/>					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 CFR 1.16(a) \$710.00
Total Claims (37 CFR 1.16(c))	20	- 20 =	0 x	\$18.00	\$0.00
Independent Claims (37 CFR 1.16(b))	4	- 3 =	1 x	\$80.00	\$80.00
Multiple Dependent Claim(s), if any (37 CFR 1.16(d))			+	\$270.00	\$0.00
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Filing Fee Calculation					\$790.00
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8. Fee Payment Being Made at This Time					
Enclosed					
Filing Fee					\$790.00
Recording assignment (\$40; 37 C.F.R. Section 1.21(h)) (See attached "COVER SHEET FOR ASSIGNMENT ACCOMPANYING NEW APPLICATION".)					\$40.00
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Total Fees Enclosed					\$830.00

9. Method of Payment of Fees

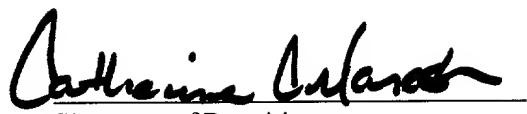
Charge Account No. 01-2525 in the amount of \$830.00.
A duplicate of this transmittal is attached.

10. Instructions as to Overpayment

Credit Account No. 01-2525.

Date: 1/13/01

Reg. No.: 35,268
Tel. No.: 707-543-0221
Customer No.: 28390


Catherine C. Maresh

Signature of Practitioner

Catherine C. Maresh
Medtronic AVE, Inc.
IP Legal
3576 Unocal Place
Santa Rosa, CA 95403

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